

Patient Information

Name	Date of Study	Age	Sex
Cashion, Danny	6/20/2021	74	Male

Study	Comparison	Indication
MRI lumbar spine: sagittal T1, T2, and STIR; axial T2	N/A	Second opinion interpretation

Referring physician: Dr. Nathan Cashion, DC

Study performed at: Sharp Rees-Stealy MRI

Findings

The alignment and height of the vertebral bodies is grossly intact. Multifocal type 1 Modic endplate changes (edema) are present involving L1-L4, with scattered areas of type 2 Modic endplate changes elsewhere. The visualized lower thoracic spinal cord is normal in size, shape, and signal intensity. The conus medullaris terminates normally at the level of T12/L1. The psoas, paraspinal, and gluteal muscles are normal in bulk and signal, except for the lower paraspinal muscles which demonstrate extensive fatty replacement and atrophy. The visualized portion of the kidneys appear normal, however simple renal cysts are incidentally noted bilaterally. The abdominal aorta has a normal caliber. The imaged region of the upper sacroiliac joints are unremarkable.

- **T12/L1:** Severe disc height loss with mild circumferential disc bulge and mild facet hypertrophy. Mild bilateral neuroforaminal narrowing. Minimal central spinal canal stenosis.
- **L1/L2:** Mild disc height loss and disc desiccation with mild circumferential disc bulge, mild facet hypertrophy and ligamentum flavum thickening. Mild bilateral neuroforaminal stenosis. Mild central canal stenosis.
- **L2/L3:** Severe disc height loss, hyperintense fluid signal within the disc, and with large circumferential disc bulge. Moderate bilateral facet hypertrophy and ligamentum flavum thickening. Severe neuroforaminal stenosis on the left, moderate on the right. Moderate central canal stenosis.
- **L3/L4:** Severe disc height loss, hyperintense fluid signal within the disc, and circumferential disc bulge with a posterior annular tear containing fat. Extreme facet hypertrophy on the left, moderate on the right with severe ligamentum flavum thickening. Severe neuroforaminal stenosis on the left, mild to moderate on the right. Severe central canal stenosis.
- **L4/L5:** L4 decompressive laminectomy with fusion of the bilateral facets which are hypertrophied. Mild neuroforaminal stenosis on the left, no stenosis on the right. Disc desiccation and moderate disc height loss, without bulge or herniation. No central spinal canal narrowing.
- **L5/S1:** Normal disc signal with small posterior bulge. Severe facet hypertrophy on the right which appears fused to the sacrum, moderate facet hypertrophy on the left, both of which contact the transiting S1 nerve root. Mild neuroforaminal stenosis bilaterally, mild central canal stenosis.

Impressions

1. Severe central canal stenosis at L3/L4, moderate at L2/L3, and mild elsewhere as described above.

2. Neuroforaminal stenosis: severe on the left at L3/L4 and L2/L3, moderate on the right at these levels, and mild elsewhere.
3. Degenerative Type I Modic endplate changes (edema) L1-L4, with associated fluid signal within the L2-L4 discs likely related to chronic fissures.
4. Compression of the bilateral transiting S1 nerve roots secondary to degenerative facet hypertrophy at L5/S1.
5. Prior decompressive laminectomy at L4, with no definite associated complication, however there is fatty atrophy of the paraspinal muscles caudal to this site.



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